

Recommendations for Jails and Detention Facilities with Onsite Medical during COVID-19 Outbreak

The Washington State Department of Health developed guidance to assist jails and detention facilities with onsite medical care in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, individuals over 60 years of age, immune compromised people, and those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Jails and detention facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Stay up-to-date.

Assign one person to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

Make a plan.

Review and update your infection control plan and/or infectious disease response plans. If you do not have a plan, use the following checklist tool as a guide to develop preparedness plans:

<https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>

For COVID-19, we recommend your plan include the following:

- A policy for when direct care staff should use personal protective equipment for residents with symptoms of respiratory infection.
- A plan for implementing respiratory hygiene throughout the facility. (See “Communicate with staff, residents, and visitors.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Closing units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls, instead consider delivering meals to residents.

- Canceling events where many people come together.
- Cleaning and disinfecting frequently touched surfaces with EPA-registered disinfectant with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Screen visitors for respiratory illness symptoms.
 - Consider screening visitors for recent travel to area with COVID-19 transmission.
 - Ask visitors and family members not to visit the facility if they are experiencing respiratory symptoms. Suggest other options such as visiting by phone if possible.
- A proactive sick leave policy to address the needs of staff including:
 - Advising staff, caregivers, or volunteers who have respiratory symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Provide staff members with information about symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for what to do if staff develop symptoms while at work.
 - When staff can return to work after having a diagnosis of COVID-19. (As of February 29, public health requires confirmed cases to have two negative tests before isolation can be discontinued. This guidance may change as the situation evolves.)
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
- Contingency staffing and patient placement plans:
 - Identify minimum staffing needs for essential facility operations.
 - Prioritize critical and non-essential services based on residents’ health status, functional limitations, and disabilities.
 - In collaboration with the local health department, identify facility space that could be adapted for use as an isolation area for symptomatic individuals.
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- A plan for grouping symptomatic residents or groups using one or more of the following strategies:
 - Confining symptomatic residents and exposed roommates to their rooms.
 - Placing symptomatic residents together in one area of the facility.
 - Restricting access to units where symptomatic and asymptomatic residents reside.
 - Assigning staff on either affected or non-affected units to prevent transmission between units.
 - Closing communal dining halls.
 - Canceling events in the facility where many people come together.

- Cleaning and disinfecting high touch surfaces with EPA-registered disinfectant with label claim of effectiveness against human coronavirus or emerging viral pathogens.

Identify and contact partners to coordinate.

Identify public health and professional resources in the table below.

	Contact Name	Phone	Email
Local Health			
State Department of Health			

Identify contacts for local, regional or state emergency preparedness groups, especially communicable disease and emergency management representatives in the table below.

	Contact Name	Phone	Email
Local			
Regional			
State			
Other			

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

Hospital Contacts

Name	Phone	Email

Communicate with staff, residents, and visitors.

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers](#).)
 - Cough and sneeze into elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
 - Frequently clean and disinfect surfaces.
 - Ask staff to use of Personal Protective Equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
 - Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages. Check for travel history information on CDC's [Coronavirus 2019 Information for Travel](#) page.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff.

Observe your residents and staff to detect respiratory infections.

- Use and modify the resources below to monitor and track of influenza-like-illness (ILI) among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)
 - [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
- Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
 - Travel to an area with COVID-19 transmission in 14 days prior to illness onset
 - Any diagnostic testing for COVID-19

In the case a resident has symptoms of COVID-19 or a known exposure:

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.

Prevention Strategies

- Admission coordinators will evaluate new residents for COVID-19 symptoms
- Anyone admitted under these circumstances will be placed in droplet precautions for 14 days unless otherwise cleared
- Staff will strictly adhere to infection control practices and use personal protective equipment as appropriate
- If single room is not available, combine laboratory-confirmed incarcerated individuals
- Educate incarcerated individuals and staff on infection control measures
- Exposed workers should notify their employer immediately and should not report for work
- Keep close contact with state and local health authorities
- Enforce respiratory hygiene (wash your hands, cover your cough, and stay home when you are sick)

Mitigation Strategies

All of the prevention strategies listed above, including the following:

- Patients presenting with fever or respiratory symptoms should perform hand hygiene, wear masks if possible, and /or be placed in a unit with the door closed and a special precautions sign posted
- All personnel entering facility or containment areas will wear appropriate personal protective equipment, such as gowns, gloves and masks.
- Use of social distancing and isolation will be initiated in coordination with local health recommendations
- Limit points of entry to facility
- Limit visitors to those essential for facility support.
- Screen all persons entering the facility for fever and respiratory symptoms
- Implement system for detecting and reporting signs and symptoms of staff reporting for duty
- Symptomatic employees will be screened regarding fit for duty
- Entry logs will be at all facility entrances to document all who enter the unit
- Personnel assigned to combined patient care units should not float to other areas
- If transportation of symptomatic person is necessary, have individual wear mask to contain respiratory secretions
- Consider canceling events at the facility where many people come together

- Facilities should utilize pre-designated isolation/quarantine areas for affected incarcerated individuals to be housed
- Cellmates of sick individuals will be isolated until it is determined that those individuals are free of COVID-19 symptoms
- Restrict/limit movements of incarcerated individuals to reduce the possibility of additional exposures
- Limit or suspend programming (such as: education, self-help, industries, work programs, and volunteer programs)
- Consider limiting exposure during meals, for example restricting/slowing movement to and from the dining facilities to provide social distancing or serving meals in cells/rooms
- Meals for incarcerated individuals who are sick will be served in their assigned cells/medical facilities
- Transfers from county to state facilities when residents are symptomatic should be limited, prudent, and reviewed by receiving facilities medical team
- If feasible, maintain incoming incarcerated individuals in a designated isolation unit for 14 days prior to release into the general population
- Arrange appropriate aftercare for incarcerated individuals who are sick and scheduled for release in collaboration with their local health department
- Facility tours should be suspended

Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)